

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
FORMALITY REVIEW	<i>WK</i>	<i>TC 569</i>	<i>3/12/01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	3-7-02
2	✓	✓	3-7-02
3	✓	✓	3-7-02
4	✓	✓	3-7-02
5	✓	✓	3-7-02
6	✓	✓	3-7-02
7	✓	✓	3-7-02
8	✓	✓	3-7-02
9	✓	✓	3-7-02
10	✓	✓	3-7-02
11	✓	✓	3-7-02
12	✓	✓	3-7-02
13	✓	✓	3-7-02
14	✓	✓	3-7-02
15	✓	✓	3-7-02
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47	✓	✓	3-7-02
48	✓	✓	3-7-02
49	✓	✓	3-7-02
50	✓	✓	3-7-02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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